

2017 Premium Rate Sheet for C3 Benefits Group

2017 Premium Rate Sheet for Union Employees HDEA Health Department - Teamsters Nurses - EULA (Correction Clerical) - IBEW Supervisors - HC Security \$300 Deductible Plan						
Plan	Class of Coverage	2017 Total Premium	Amount Paid By County	Employee Monthly Premium	Employee Bi-Monthly Deduction	Monthly Rate w/ Vision
BC/BS	Employee Only	\$828.00	\$ 770.04	\$ 57.96	\$ 28.98	
	Employee + Spouse	\$1,518.87	\$1,291.04	\$ 227.83	\$ 113.92	
	Employee + Child(ren)	\$1,518.87	\$1,291.04	\$ 227.83	\$ 113.92	
	Employee + Family	\$2,047.24	\$1,740.15	\$ 307.09	\$ 153.54	
Delta	Employee Only	\$25.30	\$ 21.51	\$ 3.79	\$ 1.90	
	Employee + Spouse	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
Dental	Employee + Child(ren)	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
	Employee + Family	\$65.42	\$ 52.34	\$ 13.08	\$ 6.54	
Total Medical and Dental Premiums						
	Employee Only			\$ 61.75	\$ 30.88	\$ 67.06
	Employee + Spouse			\$ 240.91	\$ 120.46	\$ 249.50
	Employee + Child(ren)			\$ 240.91	\$ 120.46	\$ 249.50
	Employee + Family			\$ 320.17	\$ 160.08	\$ 333.40